NCDOR NORTH CAROLINA DEPARTMENT OF REVENUE

E-500H

WHITE GOODS AND DISPOSAL TAX RETURN (REVISION 3-28-07)

CHANGES FOR THE YEAR

- Form E-500H was not updated for 2024.
- If your company reproduced Form E-500H last year, your alignment and data placement for the form should match the approved trained version.
- If your company has not reproduced Form E-500H, then match the SD version.

Submission Approval Start Date:	August 30, 2024	
Target Date for Initial Submission:	September 23, 2024	
Required Approval Date:	October 14, 2024	
Form Period Date Effective:	October 2024 - September 2025	
For Filing Periods:	October 2024 and later	
Form Placed in Software:	After September 13, 2024	
Unchanged/Updated:	Unchanged	

Production Details:

9-12 TEST SAMPLES REQUIRED:

- 1 Blank
- 1 Full Field
- 7 by PDF or 10 by Express Mail which must include the following:
 - I Monthly
 - 1 Quarterly
 - □ 1 Q4 2024

BARCODE:

The barcode must read 81301XX004. Replace (XX) with your two-digit Software Provider ID (SPID).

Align barcode between Row 26, Column 6-10 and Row 41, Column 6-10. Print the number either stacked or vertically to the right of the barcode.

USE:

- 12-point Courier font for variable data
- All capital letters for variable data
- Amount due with 0.00 format
- Correct barcode length
- Correct matching line geometry
- Data placement from approved trained version
- High resolution bitmap for barcode
- Matching alignment between the full field and test samples
- No punctuation or special characters in address field
- Period Ending Chart
- Right aligned amount due
- Various ID numbers using the prefixes of 999, 900, 000 or 666 for FEINs/SSNs



BARCODE DIMENSIONS:

- IF YOUR COMPANY SUPPORTED THIS FORM FOR 2023, DO NOT UPDATE THE ALIGNMENT, PLACEMENT OR BARCODE DIMENSIONS ON YOUR 2024 UNCHANGED FORM
- SYMBOLOGY CODE 39
- DENSITY 4.18 CPI
- HEIGHT 0.500
- HIGH RESOLUTION BITMAP FOR BARCODES
- RATIO 3:1

TEST SAMPLES:

- IF YOUR COMPANY SUPPORTED THIS FORM FOR 2023, DO NOT SHIFT VERBIAGE AND LINE NUMBERS ON YOUR 2024 UNCHANGED FORM TEST SAMPLES
- PLEASE NOTE: BLANK AND FULL FIELD COPIES ARE REQUIRED BUT ARE NOT CONSIDERED TEST SAMPLES
- IF SENDING IN BY EXPRESS MAIL, PLEASE SEND ADDITIONAL TEST SAMPLES AS REQUIRED
- USE THE FIELD DESCRIPTION FORMATTING FOR PLACEMENT OF VARIABLE DATA
- INCLUDE ONE TEST SAMPLE EXCEEDING \$999.00
- INCLUDE ONE TEST SAMPLE FROM FOURTH QUARTER 2024
- USE A DIFFERENT AMOUNT FOR EACH FIELD
- ENSURE EACH LINE IS POPULATED ACROSS REQUIRED TEST SAMPLES

Required Variety of E-500H Test Samples					
Period Ending	Monthly File By Date	Quarterly File By Date			
10/31/24	11/20/24				
11/30/24	12/20/24				
12/31/24	01/20/25	01/31/25			
01/31/25	02/20/25				
02/28/25	03/20/25				
03/31/25	04/20/25	04/30/25			
04/30/25	05/20/25				
05/31/25	06/20/25				
06/30/25	07/20/25	07/31/25			
07/31/25	08/20/25				
08/31/25	09/20/25				
09/30/25	10/20/25	10/31/25			

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Placement of Variable Data

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
7	Account ID	17	9	25	Numeric: No Dashes
7	Legal Name	30	10	39	Alphanumeric 1 st Ten Characters of Legal Name
7	Period Ending	69	8	76	Numeric: 10 31 24 No Punctuation
9	File By	69	8	76	Numeric: 11 20 24 No Punctuation
19	Line 1 Quantity Exempt WGS	50	5	54	Numeric
22	Line 2 Quantity Taxable WGS	50	5	54	Numeric
22	Line 2-Tax Taxable WGS	69	9	77	Numeric
24	Line 3	69	9	77	Numeric
26	Line 4	69	9	77	Numeric
28	Line 5	69	9	77	Numeric